ADDENDUM TO CERTIFICATE OF OCCUPANCY

HOME OFFICE

Applicant reads and agrees to the following conditions put forth by the Zoning Ordinance regulations:

Home office requirements for residential zones (Art. 1-11 of Zoning Ordinance):

HOME OFFICE – An office for record keeping and administration of work. Such office shall be subject to the following conditions:

1. The office shall be clearly incidental and secondary to the use for dwelling purposes with no more than 25% nor more than 500 square feet in any case of the dwelling devoted to the office use.

2. The office shall be located in the dwelling unit and not in any accessory building.

3. The office shall be operated by and shall employ only residents of the dwelling unit.

4. No sale of merchandise shall be conducted on the property.

5. No commodities or merchandise shall be stored on the property and no storage, as defined herein shall be permitted.

6. No signs of any kind shall be displayed on the property which identifies the home office use.

7. No visits to the home office by customers, clients, patrons and the general public are allowable.

8. The residence shall maintain its residential character and shall not be altered or remodeled so as to change residential appearance of the building.

These provisions are not intended to restrict offices accessory to principal permitted agricultural uses located in homes on the same agricultural property.

Home offices shall not include offices for escort services. (Ord. No. 72-99)

In the event occupant is found to be in non-compliance of the eight conditions outlined above, the certificate of occupancy may be revoked by the Division of Building Inspection without notice and the involved party will be subject to legal action pertaining to the Zoning Ordinance violation.

Name of Applicant: (Please print)		
Address of the property:		Do you live at this address? Yes ☐ No ☐
Property Owner's Name:	Property Owner's Address:	
Signature of Applicant:		Date:

Approved By:	Date:
Forwarded to the Division of Revenue? Yes ☐ No ☐	Date: